



## Fire Fighter Exam Accommodation Request

Michigan Department of Licensing and Regulatory Affairs

Bureau of Fire Services

Fire Fighter Training Division

P.O. Box 30700, Lansing, MI 48909

Email: [LARA-BFS-SMOKE@MICHIGAN.GOV](mailto:LARA-BFS-SMOKE@MICHIGAN.GOV)

### To Be Completed By Applicant

*The information or documentation regarding your disability and your need for an accommodation in testing will be considered strictly confidential. This information will not be shared with any outside source without your written consent. All items must be completed and submitted a minimum of 28 days prior to the test/retest date.*

Name:		SMOKE PIN:	
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Accommodations are requested for the following examination course code:	
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Exam Date:		Location:	
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I am requesting the following accommodation be provided:

Reader as an accommodation for a learning disability.

A separate testing area.

**Note:** The Firefighter I & II exam is not a timed examination

Other:	
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Applicant Signature (below):	Date:
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### Documentation of Disability Related Needs

*To be completed by an appropriate professional (education professional, doctor, psychologist and/or psychiatrist) certifying your disability requires the requested exam accommodation.*

I have known the above-named applicant since \_\_\_\_\_ in my capacity as a(n) \_\_\_\_\_.

The applicant has discussed the nature of the test to be administered. It is my opinion that due to this applicant's disability, he/she should be accommodated for those items checked above.

**Attached is the required explanation of the applicant's disability and related medical facts to support the accommodation(s) requested.**

Professional's Name (printed):
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Professional's Signature:	Date:
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Professional's Title:	License Number (if applicable):
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Submit the completed form and attached documentation to: [LARA-BFS-SMOKE@michigan.gov](mailto:LARA-BFS-SMOKE@michigan.gov)